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July 25, 2008

Via E-filing & Hand Delivery

The Honorable Sue L. Robinson
U.S. District Court
844 N. King Street
Lockbox 31
Wilmington, DE 19801

Re: U.S.A. v. Darnell Morris; Cr.A. No. 07-149-4 (SLR)

Dear Judge Robinson:

Your Honor is scheduled to sentence Darnell Morris on July 29, 2008. I write in advance of the sentencing hearing to provide the Court with supplemental information relating to certain factors that favor mitigation. I apologize to the Court for the delay in submitting this information, but the statement from Mr. Morris was just obtained on July 24, 2008.

As indicated in my letter dated July 14, 2008, Mr. Morris was scheduled to provide a safety valve proffer on July 23, 2008. Mr. Morris has instead provided a detailed statement of the events leading to his arrest on August 8, 2007, which is attached as Exhibit 1, and filed under seal. As is clear in the statement, read in conjunction with the factors enumerated in counsel's July 14th letter garnered from certain reports, Mr. Morris' participation warrants a downward departure for being a "minor participant" pursuant to U.S.S.G. § 3B1.2.

First, Mr. Morris' limited participation causes him to be substantially less culpable than the other participants. As his statement explains, and as the investigation report and surveillance video confirms: (1) Mr. Morris did not drive to Dover; (2) Mr. Morris maintained contact solely with the gentleman he rode with, and did not talk to Scarborough, West or the CI throughout the night; (3) Mr. Morris remained in the car the entire time while the unnamed participant dealt with the other parties; (4) Mr. Morris did not know the amount of money or drugs involved and (5) Mr. Morris never had possession of the Tide box which held the drugs. In fact, the minor participation Mr. Morris had throughout the entire ordeal was two-fold, and merely a product of circumstances. For instance, Mr. Morris was asked to hold an envelope containing money only because Scarborough failed to immediately produce the package. Mr. Morris did not know how much money was in the envelope, and merely set the envelope between the center console and

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the front seat of the car. Thereafter, the unnamed participant called Mr. Morris from the CI's vehicle and requested that Mr. Morris bring the envelope to the truck. Mr. Morris did as requested and walked across the parking lot to do so. Mr. Morris' second act of minimal participation came after the deal concluded when the unnamed participant requested that Mr. Morris, a known user, test the product. Before Mr. Morris had an opportunity to do so, the police arrived. Mr. Morris' participation was minimal and less serious than his codefendants. Mr. Morris stood to gain nothing from this drug deal except for a free eight-ball of cocaine. At no time was Mr. Morris made aware of the details of the deal. Mr. Morris was not involved in any of the group's conduct leading up to the events that occurred in the truck. Even at that point, Mr. Morris did not communicate with the other parties, as the surveillance video shows.

Clearly Mr. Morris was present, and admittedly he held an envelope containing money for the unnamed participant, but his lack of knowledge and understanding of the scope of the activity calls for a downward adjustment for his mitigating role under U.S.S.G. § 3B1.2. The Court has broad discretion in determining whether a defendant qualifies for a downward adjustment. *See, e.g., U.S. v. Gonzlaez*, 238 Fed.Appx. 829, 833 (3d Cir. 2007). Factors relevant to this determination include "...the nature of the defendant's relationship to other participants, the importance of the defendant's actions to the success of the venture, and the defendant's awareness of the nature and scope of the criminal enterprise." *United States v. Garcia*, 920 F.2d 153,155 (2d Cir. 1990); see also *United States v. Price*, 13 F.3d 711, 735-736 (3d Cir. 1994). As indicated, the facts of this case warrant a downward departure based upon the three relevant factors.

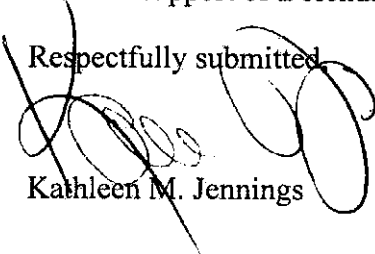
Secondly, this Court may also consider certain circumstances, such as caretaking responsibilities, when issuing a sentence. In this instance, and as alluded to in the July 14th letter, Mr. Morris lives with his fiancé, LaTosha Anderson, and their 3-year old son, Darnell, Jr. Ms. Anderson has provided a detailed letter explaining her physical illnesses and the effect of each. This letter is attached as Exhibit 2. Briefly, Ms. Anderson suffers from significant ailments such as ventricular tachycardia (irregular heartbeat), rheumatoid arthritis and lupus (a muscular disorder). To further complicate her illness, Ms. Anderson is currently 4 months pregnant with their second child. The illnesses from which Ms. Anderson suffers are serious and include very real effects such as dizziness, depression, fainting spells and painful and swollen joints, to name a few. Notes provided by the doctors treating Ms. Anderson confirming her illnesses are attached as Exhibit 3. Mr. Morris has assisted Ms. Anderson for the past six years in dealing with these ongoing medical ailments and Ms. Anderson has come to rely upon Mr. Morris' support. Because Ms. Anderson is pregnant, her symptoms and risks have increased and she has become increasingly more dependent on Mr. Morris to minimize complications of her pregnancy.

Further, Mr. Morris provides financial support to Ms. Anderson by supplementing her income to ensure they can continue to live in their home. As is made clear in her letter, Ms. Anderson does not make enough money to pay rent each month. She has obtained a childcare license, but she has been unable to open a childcare center. Ms. Anderson and Darnell, Jr. depend heavily on Mr. Morris for financial and emotional support.

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Based on the above, Mr. Morris is eligible for a downward departure, and he deserves the same. Thank you for the opportunity to provide this letter in support of Defendant.

Respectfully submitted,



Kathleen M. Jennings

KMJ/alv

Enclosures

cc: AUSA Keith Rosen (w/ enclosures)
Jean M. Lubinsky, U.S. Probation Officer (w/ enclosures)

EXHIBIT 1

CONFIDENTIAL
FILED UNDER SEAL

EXHIBIT 2

July 14, 2008

To whom it may concern,

I LaTosha Anderson am writing to the courts to explain in detail my health conditions and financial situation. In writing this I hope the court will understand the importance of Darnell's presence in my son's life and my life. I also hope that the court will acknowledge the major role that Darnell plays in our family.

I am twenty-four years old and I suffer from ventricular tachycardia, lupus, and rheumatoid arthritis. I was diagnosed with ventricular tachycardia (which is also known as a irregular heartbeat) at the age of fifteen. Ventricular tachycardia is a heart condition where the heart beats abnormally to fast. This heart problem can be life threatening and cause someone to go into cardiac arrest. In my case I have fainting spells and my blood pressure drops extremely low. From the ages of fifteen to eighteen I have had three heart surgeries called ablations. This is a operation where doctors send shocks to the heart in attempt to get rid of the extra heartbeats. The first two surgeries were not successful and the last surgery had to be stop because it became to dangerous and life threatening. After the operations were found not to be successful i was put on medication to control my condition. I was put on many medications for the heart and blood pressure which did not help or caused more fainting and decrease in my blood pressure. Finally I was put on a medication called atenolol that helped keep my heart beat stable and decreased some of my problems. With this medication and frequent doctor visits I have been having better days.

I have a three year old son and am now for months pregnant. I was told that with my heart condition that I am taking an dangerous risk in having children. My heart condition does not prevent me from having children but it makes it extremely difficult. I am a great believer of God and faith and that is what gives me the strength to create life. As much as I have and am going through with my health I try not to let it control my life. Even with faith and God the doctors know the danger of me having kids so I will never be able to have a natural birth. I will always have to have a c-section ← and be proceeded. Also while I am pregnant I am not allowed to take medication so put to sleep I have to frequently have my heart checked and monitored.

My other health conditions consist of lupus and rheumatoid arthritis. These are both immune, muscle, and joint disorder. Lupus is a disease that attacks different parts of my body such as my skin, joints, muscles, and my organs. Lupus is a very serious disease that can harm your

organs and be life threatening. I am very thankful that my lupus has not attacked my organs because I got treatment in time. On the downside my lupus attacks other parts of my body. Lupus affects me by causing stiffness in my joints, swelling and inflammation in my muscles and joints (such as my arms, legs, wrists, ankles, feet, and legs). I was diagnosed with lupus in 2005. Since then I have suffered from hair loss, painful and swollen joints, unknown fever, skin rashes, chest pain, sun/light sensitivity, sores in my mouth and nose, headaches, dizzy spells, and depression. A lot of these things are also caused by the rheumatoid arthritis.

With all three of these these health problems stress is one of the main factors of flare ups. Having Darnell as my partner of course has not made my health problems go away but he is a great support system. He goes to every doctors appointment and reminds me of them. Calms me when I'm stressed and tries to make me feel better when I am depressed. Even though he was not there at the being of my heart diagnoses he made it his priority when he found out to go with me to every doctor appointment to see what he could do to help. Darnell gives me encouragement to stay strong and take care of myself.

Now to talk about my financial situation since Darnell has been gone. First the reason for me writing about my health issues and not a doctor is because up until about a week ago I was unable to afford to go to the doctors. With Darnell not being here I have been paying all the bills by myself, therefore I am limited on what I can spend money on. The insurance that I have through my job is very expensive and for every doctor, specialist, and hospital visit I have to pay a \$20-\$50 copay that I couldn't afford. Since becoming pregnant I was able to get insurance through the state so I'm now getting some help so I will be able to get doctor appointments. Even though I have insurance through the state my job still will not allow me to drop the insurance that I have with them. Which takes \$125.00 out of my pay check every two weeks. Which makes my pay check almost \$500 every two weeks. (copy of my pay check is attached to this letter) So on average I bring home \$1000 or a little bit more every month. Which is no where near enough to take care of me, my son and child on the way. Especially when my mortgage alone is \$920. It is very hard to come up with I would have been put out along time ago if it wasn't for Darnell's mother Ruby Morris being our landlord. She tries to help out but she can only do so much because she has her own bills. I am trying to do all I can because I would hate to be the cause of her losing her house. That is why I was going to school to get my childcare license. About a month after Darnell was sent away the second

time, I received my license.

I was hoping to start childcare before Darnell left so I could manage the bills on my own. Here it is three months of Darnell being gone and I have my license but I'm struggling to get my business off the ground because of the economy being so slow. I am in the process of trying to get kids so that my income will increase and I will be able to maintain bills averaging about \$1700-\$2000 a month (mortgage, water, gas, electric, car insurance, food, and gasoline). That is a lot for one person. Especially in the world today with things being so expensive it is only by the grace of God, some help from family, and saving and budgeting. I honestly live everyday wondering how I'm going to make it especially with out Darnell and with two kids.

By reading this I believe that the court should get a better understanding of how important Darnell is to his family and how important taking care of us is to him. Darnell is in no way a bad person or trouble maker. He made a terrible mistake. He is truly a family man and would do any thing to take care of his family. It is hurting him and us because this situation is keeping him from doing so. It is keeping him from being the man that he has been for twenty-eighth years, the companion that he has been for six years, and the father he has been for almost four years. I know for a fact that just the hurt alone that this has and will cause our family that Darnell would do anything that he could to take back that one day of bad judgment and not putting his family first.

July 14, 2008

Here is a list of the doctors that i see for my lupus, rheumatoid arthritis, and heart problem (ventricular tachycardia):

Primary doctor: Dr. Kimanh Le
Parkview Medical Group
Frederick, MD 21702 (#301663-3137)

Rheumatologist: Dr. Neeti Bhargava (lupus, rheumatoid arthritis)
86 Thomas Johnson Court
Frederick, MD 21702 (#301694-8311)

Dermatologist: Department of Dermatology at Johns Hopkins hospital
601 N. Caroline Street/6th floor
Baltimore, MD 21287 (see this doctor for skin rashes)
(#410-955-3345)

Eye doctor: Dr. Dara Tash (for monthly eye check because lupus meds can cause vision loss)
77 G Thomas Johnson Drive
Frederick, MD 21702 (#301-694-5240)

Lupus specialist: Dr. Michelle Petri (lupus therapy and treatment)
Suite 7500
1830 East Monument Street
Baltimore, MD 21205 (#410-247-9100)

OBGYN: Dr. Charles Kim
Thomas Johnson Drive

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Ventricular Tachycardia

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En español | 02/01/2008

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Ventricular Tachycardia

Ventricular tachycardia
Ventricular tachycardia is a difficult clinical problem for the physician. Its evaluation and treatment are complicated because it often occurs in life-threatening situations that dictate rapid diagnosis and treatment. Ventricular tachycardia is defined as three or more beats of ventricular origin in succession at a rate greater than 100 beats/minute. There are no normal-looking QRS complexes. The rhythm is usually regular, but on occasion it may be modestly irregular. The arrhythmia may be either well-tolerated or associated with grave, life-threatening hemodynamic compromise. The hemodynamic consequences of VT depend largely on the presence or absence of myocardial dysfunction (such as might result from ischemia or infarction) and on the rate of VT. Atrioventricular dissociation usually is present. This means that the sinus node is depolarizing the atria in a normal manner at a rate either equal to, or slower than, the ventricular rate. Thus, sinus P waves sometimes can be recognized between QRS complexes. They bear no fixed relation to the QRS complexes unless the atrial and ventricular rates happen to be equal. Conduction from atria to ventricles is usually prevented because the AV node or ventricular conduction system is refractory due to ventricular depolarizations. Sometimes retrograde conduction from ventricles to atria occurs. In this instance, there will be a relation between the QRS complex and the retrograde P wave. Thus, it may be difficult to distinguish VT from a supraventricular tachycardia with aberrant ventricular conduction.

Occasionally an atrial impulse arrives when the AV node and the His-Purkinje system are not refractory and AV conduction can occur. This results in a capture beat in which ventricular conduction occurs over the normal pathways, resulting in a normal-appearing (narrow) QRS complex. A capture beat occurs at a shorter RR interval than the RR interval of the VT. AV conduction also may occur simultaneously with depolarization of the ventricular focus. In this instance, the ventricle will be depolarized in part over the normal pathway and in part from the ventricular focus. The resulting QRS complex will be intermediate in morphology between a normal QRS and a QRS of ventricular origin. In this instance, the RR interval will not change. This is called a fusion beat. Ventricular tachycardia may be monomorphic (all QRSs with the same shape) or polymorphic (varying QRS shapes during the tachycardia).

Ventricular tachycardia can be referred to as sustained or nonsustained. Sustained refers to an episode that lasts at least 30 seconds and generally requires termination by antiarrhythmic drugs, antitachycardia pacing techniques or electrical cardioversion. Nonsustained ventricular tachycardia suggests that the episodes are short (three beats or longer) and terminate spontaneously. In general, ventricular tachycardia affects the diseased heart, although it has been described in patients with apparently normal hearts. It is usually associated with coronary artery disease. Patients who have ventricular tachycardia in the absence of coronary artery disease have other cardiac abnormalities, including cardiomyopathy, mitral valve prolapse, valvular heart disease, QT interval prolongation and, in an otherwise normal heart, an abnormally described as primary electrical instability. Other causes of ventricular tachycardia include sarcoidosis, beginning treatment in patients with myxodema and drugs such as digoxin, sympathomimetic amines and antiarrhythmic agents. Occasional runs of tachycardia are initiated by a change in posture, exercise, emotional excitement or vagal stimulation.

Treatment

Ventricular tachycardia when sustained but hemodynamically stable is

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- Women's Heart

Ventricular Tachycardia

Also called: VVT, Ventricular Tachyarrhythmia, Spontaneous Unsustained Ventricular Tachycardia

- Summary
- About ventricular tachycardia
- Potential causes
- Signs and symptoms
- Diagnosis methods
- Treatment and prevention
- Questions for your doctor

Reviewed By:

Abdou Elhendy, MD, PhD, FACC, FAHA
 Robert I. Hamby, M.D., FACC, FACP

Summary

Ventricular tachycardia (VT) is a condition in which the lower chambers of the heart (ventricles) beat abnormally fast. This rapid heart rate is caused by electrical signals that arise from the ventricles themselves instead of following the normal pattern of arising in the upper chambers of the heart (atria) and spreading throughout the heart. Alternatively, ventricular tachycardias may be caused by electrical signals that do not follow the normal path through the heart's conduction system (e.g., reentrant signals).

Ventricular tachycardias may be sustained or nonsustained, and they may occur in either of the ventricles (left and right). There are several different kinds, and their severity ranges from mostly without symptoms to a life-threatening condition that must be treated immediately. The severity is often connected to the presence of underlying heart disease.



The most dangerous kinds of ventricular tachycardia may result in fainting (syncope) or even cardiac arrest. A patient who has collapsed and gone into cardiac arrest, needs to be treated with a defibrillator immediately to avoid sudden cardiac death.

Some patients with mild forms of VT do not require treatment. For example, their VT may permanently resolve after their medication has been changed. Other patients require more regular treatment. Treatment options include medications, catheter ablation, surgery and insertion of an implantable cardioverter-defibrillator. The choice of therapy depends on the nature of the VT and the risk of more serious cardiac arrhythmias.

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Ventricular Tachycardia

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Ventricular tachycardia

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Ventricular Tachycardia

Accelerated Idioventricular rhythm

The term accelerated idioventricular rhythm describes ventricular rates slower than usual tachycardia rates but faster than the ventricular escape rhythm. Rates of 75–100 beats/minute are usual. Accelerated idioventricular rhythm probably represents enhanced automaticity in the ventricles and manifests itself when sinus rates slow. The arrhythmia usually starts late in the cycle and frequently begins with a fusion beat. It may spontaneously terminate, or sinus rhythm acceleration may eventually capture the ventricles. It can be regular or irregular and occasionally can show sudden coupling, suggesting the presence of exit block. Many characteristics incriminate enhanced automaticity as the responsible mechanism.

This arrhythmia occurs as a rule in patients who have heart disease, e.g., those with acute myocardial infarction or with digitalis toxicity. It is transient and intermittent, with episodes lasting a few seconds to a minute, and does not appear to seriously affect the patient's clinical course or the prognosis. It commonly occurs at the moment of reperfusion of a previously occluded coronary artery, and it can be found during resuscitation. Suppressive therapy rarely is necessary because the ventricular rate is generally less than 100 beats/min.

Torsades de pointes

Torsades de pointes is a form of VT in which the QRSs appear to be constantly changing. Its name derives from the fact that its electrical activity appears to be twisted into a helix. This form of VT is due to drug toxicity or idiosyncratic reaction to type IA antiarrhythmic agents such as quinidine, procainamide or disopyramide, or other agents that prolong the QT interval. Hypokalemia, hypomagnesemia and bradycardias can also initiate torsades de pointes. This arrhythmia is usually accompanied by prolongation of the QT interval. The QT interval is measured from the onset of the QRS complex to the end of the T wave of the beat or beats just preceding the onset of torsades de pointes. At most rates, the QT interval is 0.40 second or less, though it may be prolonged at slow rates. If the QT is abnormally prolonged in a patient receiving a type IA antiarrhythmic agent, consider the possibility of inducing torsades.

Treatment

Discontinuation of offending agents is crucial. Other treatments include magnesium sulfate and overdrive pacing.

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Initially treated with lidocaine, procainamide or bretylium. Ventricular tachycardia that is hemodynamically unstable should be treated the same as VF.

Summary of ECG criteria

- There are no normal-looking QRS complexes.
- Rate: Greater than 100 beats/minute and usually not faster than 200 beats/minute.
- Rhythm: Usually regular but may be irregular.
- P waves: In rapid VT the P waves are usually not recognizable. At slower ventricular rates, P waves may be recognized and may represent normal atrial depolarization from the sinus node at a rate slower than VT, but the electrical activities do not affect one another.
- QRS, ST segment, T wave:
 - The PVC is premature; i.e., it must occur before the next expected sinus beat unless atrial fibrillation is present since preactivity cannot be assessed.
 - The width of the QRS is 0.12 second or greater.
 - The QRS morphology is often bizarre, with notching.
 - The ST segment and T wave are usually opposite in polarity to the QRS.
 - When multiformed (or multifocal), the coupling interval and morphology of the QRS vary.

Figure 8. ECG of Ventricular Rhythm Disturbances

Surface ECG criteria for ventricular tachycardia include the following:

- Atrioventricular dissociation
- QRS axis between -90 degrees and plus or minus 180 degrees
- Positive QRS concordance (positive QRS V1 -V6)
- QRS duration of 140 msec or more with right bundle branch block pattern and 160 msec or more with left bundle branch block pattern
- Combination of left bundle branch block pattern and right axis
- Monophasic or biphasic QRS complex with right bundle branch block pattern and slurred or prolonged S wave in V1 with left bundle branch block morphology

Occasionally a narrow QRS complex may occur with a slightly shorter RR interval (capture beat), or a QRS complex may be seen with morphological features intermediate between a beat of ventricular origin and one of supraventricular origin but with a constant RR interval (fusion beat).

A number of fairly specific types of ventricular tachycardia have been identified, related either to a constellation of distinctive electrocardiographic and electrophysiological features or to a specific set of clinical events.

Specific types of ventricular tachycardia

Arrhythmogenic right ventricular dysplasia

These patients present with ventricular tachycardia that generally has a left bundle branch block contour, often with right-axis deviation, with T waves inverted over the right precordial leads. The ventricular tachycardia may be due to reentry. Supraventricular arrhythmias also can occur, and exercise can induce the ventricular tachycardia in some patients.

Arrhythmogenic right ventricular dysplasia is due to a type of cardiomyopathy, possibly familial in some patients, with hypokinetic areas involving the wall of the right ventricle. ECG during sinus rhythm exhibits complete or incomplete right bundle branch block. Signal-averaged ECG is abnormal. Although the conventional pharmacological approaches to therapy may be appropriate, surgical manipulations have been successful in some of these patients, as has been implantable defibrillator therapy. Radiofrequency catheter ablation can be tried.

Autoimmune means your immune system cannot tell the difference between these foreign invaders and your body's healthy tissues ("auto" means "self"). In lupus, your immune system creates autoantibodies (AW-toh-AN-teye-bah-deez), which attack and destroy healthy tissue. These autoantibodies cause inflammation, pain, and damage in various parts of the body.

When people talk about "lupus," they usually mean **systemic lupus erythematosus (ur-uh-thee-muh-TOH-suhss)**, or **SLE**. **This is the most common type of lupus.** Studies suggest that more than 16,000 new cases are reported annually across the country.

Although lupus can affect almost any organ system, the disease, for most people, affects only a few parts of the body. For example, one person with lupus may have swollen knees and fever. Another person may be tired all the time or have kidney trouble. Someone else may have rashes.

Normally, lupus develops slowly, with symptoms that come and go. Women who get lupus most often develop symptoms and are diagnosed between the ages of 15 and 45. But the disease also can develop in childhood or later in life.

For most people, lupus is a mild disease. But for others, it may cause serious problems. Even if your lupus symptoms are mild, it is a serious disease that needs treatment. It can harm your organs and put your life at risk if untreated.

Although the term "lupus" commonly refers to SLE, this is only one type of the disease. There are other, less common types of lupus:

- **Discoid (DISS-koid) lupus erythematosus**, also called DLE, mainly affects the skin. A red rash may appear. Or, the skin on the face, scalp, or elsewhere may become scaly or change color. Sometimes DLE causes sores in the mouth or nose. A doctor will remove a small piece of the rash or sore and look at it under a microscope to tell if someone has DLE. If you have DLE, there is a small chance that you will later get SLE. There is no way to know if someone with DLE will get SLE.
- **Drug-induced lupus** is a lupus-like disease caused by certain prescription drugs. The symptoms of drug-induced lupus are similar to those of systemic lupus, but only rarely will any major organs be affected. Symptoms can include: joint pain, muscle pain, and fever. Symptoms are mild for most people. Most of the time, the disease goes away when the medicine is stopped. More men get this type of lupus because the drugs with the highest risk of causing it are used to treat heart conditions that are more common in men; however, not everyone who takes these drugs will develop drug-induced lupus. The drugs most commonly connected with drug-induced lupus are procainamide (Pronestyl[®]), Procanbid[®] and hydralazine (Apresoline[®]; also, hydralazine is an ingredient in Apresazide[®] and Bidil[®]).
- **Neonatal lupus** is a rare condition that affects infants of women who have lupus and is caused by certain antibodies from the mother acting upon the infant in the womb. At birth, the infant may have a skin rash, liver problems, or low blood cell counts, but these symptoms disappear completely after several months with no lasting effects. Some infants with neonatal lupus can also have a serious heart defect. With proper testing, physicians can now identify most at-risk mothers, and the infant can be treated at or before birth. Most infants of mothers with lupus are entirely healthy.

Lupus

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Who gets lupus?

Anyone can get lupus. But 9 out of 10 people who have lupus are women. African American women are three times more likely to get lupus than white women. Lupus is also more common in Hispanic/Latino, Asian, and Native American women.

African Americans and Hispanics/Latinos tend to get lupus at a younger age and have more symptoms, including kidney problems. Lupus also tends to be more severe in these ethnic groups. For example, African Americans with lupus have more problems with seizures and strokes. Hispanic/Latino patients have more heart problems. Scientists believe that genes play a role in how lupus affects these ethnic groups.

It is estimated that between 1.5 and 2 million Americans have a form of lupus, but the real number may be higher. Nine out of 10 people who have lupus are women. African American, Latino, Asian, and Native American women are at greater risk of getting lupus than white women.

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Why is lupus a concern for women?

Nine out of 10 people who have lupus are women. And lupus is most common in women of childbearing years. Having lupus increases your risk of developing other health problems that are common in women. It can also cause these diseases to occur earlier in life:

- **Heart disease.** When you have lupus you are at increased risk for the main type of heart disease, called coronary artery disease (CAD). This is partly because people with lupus have more CAD risk factors, which may include: high blood pressure (hypertension), high cholesterol levels, type 2 diabetes, and an inactive lifestyle due to fatigue, joint problems, and/or muscle pain. Heart disease is the number one killer of all women. But, women with lupus are 50 times more likely to have chest pain or a heart attack than other women of the same age.
- **Osteoporosis (OSS-tee-oh-puh-ROH-suhss).** Women with lupus have more bone loss and breaks than other women. This is thought to happen because some medicines used to treat lupus cause bone loss. Bone loss also may occur as a direct result of the disease. Also, pain and fatigue can keep women with lupus from exercising. Keeping active is an important way to keep bones healthy and strong.

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What causes lupus?

The cause of lupus is not known. More than one factor is likely to play a role in getting lupus. Researchers are looking at these factors:

You can't catch lupus from another person, and it isn't related to AIDS.

- Environment (Sunlight, stress, certain medications, and viruses might trigger symptoms in people who are prone to getting lupus.)
- Hormones (Lupus is more common in women during childbearing years.)
- Problems with the immune system

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What are the symptoms of lupus?

Lupus

- injury
- stopping your lupus medicines
- certain medications

See [What can I do to control my lupus symptoms and prevent flares?](#)

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How can a doctor tell if I have lupus?

Lupus can be hard to diagnose. It's often mistaken for other diseases. Many people have lupus for awhile before they find out they have it. If you have symptoms, tell your doctor right away. No single test can tell if a person has lupus. But your doctor can find out if you have lupus in other ways, including:

1. **Medical history.** Telling your doctor about your symptoms and other problems you have had can help him or her understand your situation. Keep track of your symptoms by writing them down. [See the symptom checklist.](#)
2. **Family history of lupus or other autoimmune diseases.** Tell your doctor if lupus or other autoimmune diseases run in your family.
3. **Complete physical exam.** Your doctor will look for rashes and other signs that something is wrong.
4. **Blood and urine tests.** The antinuclear antibody (ANA) test can show if your immune system is more likely to produce the autoantibodies of lupus. Most people with lupus test positive for ANA. But, a positive ANA does not mean you have lupus. About 2 in 10 healthy people test positive for ANA. Positive tests also are seen in other conditions, such as thyroid disease, malaria, and other autoimmune diseases. That's why your doctor will use many tools—and maybe other tests—to tell if you have lupus.
5. **Skin or kidney biopsy (BEYE-op-see).** With a biopsy, doctors perform a minor surgery to remove a sample of tissue. The tissue is then looked at under a microscope. Skin and kidney tissue looked at in this way can show signs of an autoimmune disease.

Together, this information can provide clues to your disease. It also can help your doctor rule out other diseases that can be confused with lupus.

Print out this table and use it to make notes to take to your doctor.
Put a check mark beside the symptoms you have. Note when you have them.
(Printer friendly version)

Symptom Checklist

Symptom	✓	Where?	When did you first notice?	How often?	Recent dates?
Example: rash	✓	face and chest	2 years ago	Once or twice a month	9/17, 10/8, 10/23, 11/15

Lupus

The signs of lupus differ from person to person. Some people have just a few symptoms; others have more. Lupus symptoms also tend to come and go. Lupus is a disease of flares (the symptoms worsen and you feel ill) and remissions (the symptoms improve and you feel better).

Common signs of lupus are:

- painful or swollen joints
- fever with no known cause
- feeling very tired
- skin rashes
- anemia (uh-NEE-me-uh) (too few red blood cells)
- trouble thinking, memory problems, confusion
- kidney problems with no known cause
- chest pain when taking a deep breath
- butterfly-shaped rash across the nose and cheeks
- sun or light sensitivity
- hair loss

Less common symptoms include:

- blood clots
- purple or pale fingers or toes from cold or stress
- seizures
- sores in the mouth or nose
- severe headache
- dizzy spells
- "seeing things", not able to judge reality
- feeling sad
- strokes

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What are flares?

The times when your symptoms worsen and you feel ill are called flares. Flares tend to come and go. You may have swelling and rashes one week and no symptoms at all the next. Even if you take medicine for lupus, you may find that some things trigger your symptoms to flare. You may find that your symptoms flare after you've been out in the sun or after a hard day at work. Common triggers include:

- overwork and not enough rest
- stress
- being out in the sun or exposed to fluorescent or halogen light
- infection

7/14/2008

<input type="checkbox"/> MD	<input type="checkbox"/> VP
<input type="checkbox"/> PU	<input type="checkbox"/> HC
<input type="checkbox"/> F	<input type="checkbox"/> DC

MARYLAND UNIFORM CONSULTATION REFERRAL FORM

Date of Referral: 4.12.2007

PATIENT INFORMATION:

Patient Name: LATOSHA ANDERSON
 MD Phys Care 7106 Ambassador Rd, Balto MD 21244
 Date of Birth: 09.28.1983 Phone: _____
 Member #: 41500690900
 Site#: _____

CARRIER INFORMATION:

Name: _____

PRIMARY OR REQUESTING PROVIDER

Name: Casagrande, Eugene, M.D.
 Institution/Group Name: Parkview Medical Group
 Address: 1564 Opossumtown Pike Frederick, MD 21702
 Phone Number: 301-663-3137

Specialty: Family Practice
 Provider ID#: 52-0591612
 Fax Number: 301-695-6939

CONSULTANT/FACILITY PROVIDER

Name: DR PETRE Specialty: _____
 Institution/Group Name: JHH Provider ID#: _____
 Address: _____ Fax Number: _____
 Phone Number: _____

REFERRAL INFORMATION

Reason for Referral: CONSULT EVAL AND TREAT
 Brief History, Diagnosis and Test Results: LUPUS

Services Desired:

- ☐ Initial Consultation Only
☐ Diagnostic Test: (specify) _____
☒ Consultation with Specific Procedures: (specify) _____
☒ Specific Treatment: _____
☐ Global OB Care & Delivery
☐ Other: (Explain) _____

Place Of Service:

- ☒ Office
☐ Outpatient Med/Surg Center*
☐ Radiology ☐ Laboratory
☐ Inpatient Hospital*
☐ Extended Care Facility* _____
☐ Other: (Explain) _____
 *(Specific Facility Must be Named)

Number of visits: 3 Authorization # if required: _____ Referral is Valid Until: (Date) 6.2007
 If Blank, 1 Visit Is Assumed.

Signature: (Individual Completing This Form)

Authorizing Signature: (If Required)

Shirley

Eugene Casagrande, M.D.

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan/carrier.

See Carrier/Plan Manual for Specific Instructions.

☐ Carrier Copy ☐ Primary Provider Copy ☐ Consultant/Facility Provider Copy ☐ Patient Copy

<input type="checkbox"/> MD	<input type="checkbox"/> JAF
<input type="checkbox"/> PU	<input type="checkbox"/> IC
<input type="checkbox"/> F	<input type="checkbox"/> DC

MARYLAND UNIFORM CONSULTATION REFERRAL FORM

Date of Referral: 10/26/2006

PATIENT INFORMATION:

Patient Name: LATOSHA ANDERSON
 MD Phys Care 7106 Ambassador Rd, Balto MD 21244
 Date of Birth: 09/28/1983 Phone: _____
 Member #: 41200620900
 Site#: _____

CARRIER INFORMATION:

Name: _____

PRIMARY OR REQUESTING PROVIDER

Name: Le, Kim Anh, M.D.
 Institution/Group Name: Parkview Medical Group
 Address: 1554 Opatumtown Pike Frederick MD 21702
 Phone Number: 301-663-3137

Specialty: Family Practice
 Provider ID#: 52-0591612
 Fax Number: 301-695-6839

CONSULTANT/FACILITY PROVIDER

Name: DR BHARGAVA _____ Specialty: _____
 Institution/Group Name: _____ Provider ID#: _____
 Address: _____
 Phone Number: _____ Fax Number: _____

REFERRAL INFORMATION

Reason for Referral: CONSULT EVAL AND TREAT

Brief History, Diagnosis and Test Results: R. ARTH AND LUPUS

Services Desired:

- ☐ Initial Consultation Only
☐ Diagnostic Test (specify) _____
☒ Consultation with Specific Procedures (specify) _____
☒ Specific Treatment: _____
☐ Global OB Care & Delivery
☐ Other: (Explain) _____

Place Of Service:

- ☒ Office
☐ Outpatient Med/Surg Center*
☐ Radiology ☐ Laboratory
☐ Inpatient Hospital*
☐ Extended Care Facility*
☐ Other: (Explain) _____
 *(Specific Facility Must be Named)

Number of visits: 3 Authorization # if required: _____ Referral is Valid Until: (Date) 12/26/2006
 If Blank, 1 Visit is Assumed.

Signature: (Individual Completing This Form)

Authorizing Signature: (If Required)

Shirley

Kim Anh Le, M.D.

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any

Johns Hopkins University Division of Rheumatology Lupus Center 1830 East Monument Street, Suite 7500 Baltimore, MD 21287		Research Study Requisition Clinic: 103 History Number: 334 4990 Patient Name: Anderson, Latosha Birth Date: 9/28/1983	
MD Phone # 410-382-0114	Ordering MD Michelle Peit F7783	MD #	Collection Date
Comments: Please bill to 10641		Signature	
<input checked="" type="checkbox"/> Lupus Cohort Tubes at Exp. Testing	Two Blue Top (8ml) One Red Top (7ml)	Please refrigerate Please refrigerate	
<input type="checkbox"/> Cohort Add-On (Sanger's Study) Tubes w/ patient	Two SST Tube (4ml) 1 CPT Tube (8ml)	Please keep at room temperature: Please keep at room temperature:	
<input type="checkbox"/> Lupus Cohort Rosen Study Tubes w/ patient	1 CPT Tube (8ml)	Please keep at room temperature	
<input type="checkbox"/> PROMISSE Tubes w/ patient	One Lavender Top (5ml) One Blue Top (5ml) One Red Top (7ml) Four Paxgene tubes (2.5ml) One Heparin Tube (10ml) 1 Urine Sample (30ml)	Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate	
<input type="checkbox"/> PROMISSE 2 Tubes w/ patient	One Lavender Top (5ml) One Blue Top (5ml) Two Red Top (7ml) Four Paxgene tubes (2.5ml) One Heparin Tube (10ml) 1 Urine Sample (30ml)	Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate	
<input type="checkbox"/> UAB Tubes at Exp. Testing	One Purple Top (10ml) Two Green Top (10ml)	Please refrigerate Please refrigerate	
<input type="checkbox"/> TNF Alpha Tubes w/ patient	Six Green Top (10 ml)	Please refrigerate	
<input type="checkbox"/> INF Alpha Tubes at Exp. Testing	Three Green Top (10ml)	Please refrigerate	
<input type="checkbox"/> Brain CONNECTION Tubes w/ patient	Five Blue Top (2.7ml) Two Red Top (10 ml)	Please refrigerate Please refrigerate	
<input type="checkbox"/> Biomarkers Tubes at Exp. Testing Kit 2	Two SST Tubes (8 ml) One Green Top (10 ml) Two Paxgene tubes (2.5ml) One Lavender Top (5ml) 1 Urine Sample (30ml)	Please keep at room temperature: Invert 10 times Please keep at room temperature Please keep at room temperature Please keep at room temperature Please refrigerate	

710.0

Red rash or color change					
Painful or swollen joints					
Fever with no known cause					
Feeling very tired					
Trouble thinking, memory problems, confusion					
Chest pain with deep breathing					
Sensitivity to sun					
Unusual hair loss					
Pale or purple fingers or toes					
Sores in mouth or nose					
Other					

Adapted from *National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS)*.

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How is lupus treated?

There is no known cure for lupus, but there are treatments. Your treatment will depend on your symptoms and needs. The goals of treatment are to:

- prevent flares
- treat symptoms when they occur
- reduce organ damage and other problems

Your treatment might include using medicines to:

- reduce swelling and pain
- prevent or reduce flares
- calm the immune system
- reduce or prevent damage to the joints
- reduce or prevent organ damage

Drugs play an important role in treating lupus. Most likely, the drugs prescribed to you will change often during your treatment. Types of drugs commonly used to treat lupus include:

- **Nonsteroidal anti-inflammatory drugs (NSAIDs).**

Never take vitamins or herbal supplements without talking to your doctor first. They might not mix well with

NSAIDs are used to reduce pain and swelling in joints and muscles. They can help with mild lupus—when pain isn't too bad and vital organs are not affected. Aspirin, ibuprofen, and naproxen are some over-the-counter NSAIDs. You need a prescription for stronger NSAIDs. NSAIDs can cause stomach upset, heartburn, drowsiness, headache, fluid retention, and other side effects. NSAIDs also can cause problems in your blood, liver, and kidneys if overused.

medicines you use to treat lupus.

- **Corticosteroids.** Corticosteroids (KOR-tih-koh-STAIR-oyds) are hormones found in our bodies. Manmade versions are used to reduce swelling, tenderness, and pain in many parts of the body. In high doses, they can calm the immune system. Often, these drugs are called "steroids." They are different than steroids used by some people who play sports or lift weights. Corticosteroids come as pills or liquids, creams to apply to the skin, and as a shot. Prednisone (PRED-nuh-sohn) is one drug commonly used to treat lupus. Lupus symptoms tend to respond very quickly to these powerful drugs. Once this has happened, your doctor will want to lower your dose slowly until you no longer need it. The longer a person uses corticosteroids, the harder it becomes to lower the dose. But stopping this medicine right away can harm your body. Make sure to use your medicine exactly as your doctor tells you to.

Corticosteroids can have many side effects, so your doctor will give you the lowest dose possible. Short-term side effects can include: a round or puffy face, acne, heartburn, increased appetite, weight gain, and mood swings. These side effects typically stop when the drug is stopped. Long-term side effects can include: easy bruising, thinning skin and hair, weakened or damaged bones, high blood pressure, damage to the arteries, high blood sugar, infections, muscle weakness, and cataracts. Your doctor can prescribe medicines to take with corticosteroids to prevent some side effects, such as osteoporosis.

- **Antimalarial drugs.** Medicines used to prevent or treat malaria are used to treat joint pain, skin rashes, and mouth sores. Two common antimalarials are hydroxychloroquine (hey-DRÖK-see-KLÖR-uh-kween) (Plaquenil®) and chloroquine (KLÖR-uh-kween) phosphate (Aralen® phosphate). Side effects of antimalarials can include stomach upset, nausea, vomiting, diarrhea, headache, dizziness, blurred vision, trouble sleeping, and itching.
- **Immunosuppressive agents/chemotherapy.** These agents are used in severe cases of lupus, when major organs are not working well and other treatments do not work. These drugs suppress the immune system to limit the damage to the organ. Examples are azathioprine (az-uh-THEY-uh-preen) (Imuran®) and cyclophosphamide (seye-kloh-FOSS-fuh-myed) (Cytoxan®). These drugs can cause serious side effects including nausea, vomiting, hair loss, bladder problems, decreased fertility, and increased risk of cancer and infection.

You and your doctor should review your treatment plan often to be sure it is working. Tell your doctor about any side effects or if your medicines no longer help your symptoms. Tell your doctor if you have new symptoms. Never stop or change treatments without talking to your doctor first. Also, it is likely that you will need other drugs to treat conditions that are linked to your lupus—such as drugs to treat high blood pressure or osteoporosis.

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Will I need to see a special doctor for my lupus?

Depending on your symptoms and/or if your organs have been hurt by your lupus, you may need to see special kinds of doctors. Start by seeing your family doctor and a rheumatologist (ROOM-uh-TOL-uh-jist), a doctor who specializes in the diseases of joints and muscles such as lupus.

Your rheumatologist may ask that you also see:

- a clinical immunologist (im-yuh-NOL-uh-jist), a doctor who treats immune system disorders
- a nephrologist (nuh-FROL-uh-jist), a doctor who treats kidney diseases
- a hematologist (hee-muh-TOL-uh-jist), a doctor who treats blood disorders
- a dermatologist (dur-muh-TOL-uh-jist), a doctor who treats skin problems and diseases
- a neurologist (noo-ROL-uh-jist), a doctor who treats problems with the nervous system
- a psychologist (seye-KOL-uh-jist)
- an occupational (ok-yuh-PAY-shuh-nul) therapist
- a social worker

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What can I do to control my lupus symptoms and prevent flares?

The best way to keep your lupus under control is by following your treatment plan and taking care of yourself. Take these steps:

- Learn how to tell that a flare is coming.
- See your doctors regularly.
- Maintain life balance by setting realistic goals and priorities.
- Limit the time you spend in the sun and in fluorescent and halogen light.
- Maintain a healthy diet.
- Develop coping skills to help limit stress.
- Get enough sleep and rest.
- Exercise moderately when possible.
- Develop a support system made up of people you trust and can go to for help.

Despite your best efforts to follow your treatment plan and take good care of yourself, there will be times when your lupus symptoms are worse. Being able to spot the warning signs of a flare can help you prevent the flare or make it less severe. Before a flare your symptoms might get worse, or you might get new symptoms, such as:

- feeling more tired
- pain
- rash
- fever
- stomach ache

- severe headache

Contact your doctor right away if you suspect a flare is coming.

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Living with lupus can be hard. How can I cope?

Dealing with a long-lasting disease like lupus can be hard on the emotions. Concerns about your health and the effects of your lupus on your work and family life can be stressful. Changes in the way you look and other physical effects of lupus can be tough to handle. Your friends, family, and coworkers might not seem to understand how you feel. At times, you might feel sad or angry. Or, that you have no control over your life with lupus. But there are things you can do that will help you to cope and to keep a good outlook:

- **Pace yourself.** People with lupus have limited energy and must manage it wisely. Most women with lupus feel much better when they get enough rest and avoid taking on too much at home and at work. To do this, pay attention to your body. Slow down or stop before you're too tired. Learn to pace yourself. Spread out your work and other activities.
- **Reduce stress.** Exercising, finding ways to relax, and staying involved in social activities you enjoy will reduce stress and help you to cope.
- **Get support.** Be open about your feelings and needs with family members and close friends. Consider support groups or counseling. They can help you to see that you are not alone. Group members teach one another how to enjoy life with lupus.
- **Talk to your doctor.** The symptoms of lupus and some medications can bring on feelings of depression. Don't be afraid to talk to your doctor about these feelings.
- **Learn about lupus.** People who are well-informed and involved in their own care have less pain; make fewer visits to the doctor; feel better about themselves; and remain more active.

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I have lupus. Is it safe for me to become pregnant?

Women with lupus can safely become pregnant. If your disease is under control, pregnancy is unlikely to cause flares. But there are some important things you should know before you become pregnant:

- Your disease should be under control or in remission for 12 months before you get pregnant. Getting pregnant when your lupus is active could result in miscarriage, stillbirth, or other serious problems. Planning ahead is critical if you have lupus.
- Some women do develop flares during pregnancy. The flares happen most often in the first or second trimester or in the first few months after you have the baby. Most flares are mild and easily treated with proper medical care.
- Preeclampsia (pree-ee-KLAMP-see-uh), or "toxemia", is a serious condition that must be treated right away. Preeclampsia is a condition starting after 20 weeks of pregnancy that causes high blood pressure and problems with the kidneys and other organs. About 2 in 10 pregnant women with lupus get preeclampsia. If you get this, you might notice sudden weight gain, swelling of the hands and face, blurred vision, dizziness, or stomach pain.

You might have to deliver your infant early.

- Although many women with lupus have normal pregnancies, all lupus pregnancies should be considered "high risk". This means there are certain factors that make problems during pregnancy more likely for women with lupus. It doesn't mean there will be problems.

Planning ahead and proper medical care are very important.

- Find an obstetrician (OB) who manages high-risk pregnancies and who can work closely with your regular doctor.
- Plan to have your baby at a hospital that can manage high-risk patients and provide the special care you and your baby may need.
- See your doctor often while you are pregnant.
- Talk to your doctor about which medicines are safe to use while pregnant.
- Develop a plan for help at home during your pregnancy and after your baby is born. Motherhood can be very tiring, and even more so for women with lupus.
- Develop a birth control plan for after you have your baby. It would be unwise for you to become pregnant again soon after giving birth. It is possible to get pregnant before your period begins again or while you are breastfeeding.

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I am pregnant. How can I tell whether changes in my body are normal or signs of a flare?

It may be hard to tell the difference. You may have symptoms from being pregnant that you mistake for a flare. Here are some examples:

- **Skin.** While pregnant, you may have red palms and a rash. Lupus can also cause a rash.
- **Joints.** Lupus can cause pain and swelling in your joints. Pregnancy can cause aching in your joints.
- **Lungs.** Taking deep breaths can be hard if you have lupus. Pregnancy also can cause shortness of breath.

Fortunately, recent studies show that flares are uncommon and tend to be mild during pregnancy. Some women with lupus find their symptoms improve during pregnancy. Still, it's important to report new symptoms to your doctor. This way, flares that do occur can be prevented or controlled.

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I am pregnant and have lupus. Will my baby be born healthy?

Babies born to women with lupus have no greater chance of birth defects or mental retardation than do babies born to women without lupus. About 3 in 100 babies born to mothers with lupus will have neonatal lupus. In most cases, this goes away after 3 to 6 months and does not come back.

During your pregnancy, your OB will regularly check the baby's heartbeat and growth with ultrasound (a machine that takes pictures of your baby's organs). About 3 in 10 women with lupus will give birth too early. Although this can present a danger to the baby, most problems can be treated in a hospital that specializes in caring for premature newborns.

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Can I breastfeed if I have lupus?

Breastfeeding is possible for mothers with lupus. Some medicines can pass through your breast milk to your infant. Talk to your doctor about whether breastfeeding is safe if you are using any medicines to control your lupus. Breastfeeding also can be very tiring because breastfed babies eat more often than formula-fed babies. If the demands of breastfeeding become too much for you, think about breastfeeding only some of the time. Pumping breast milk to be used later also might help.

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What research is being done on lupus?

Lupus is the focus of intense research. Studies are looking at:

- the genes that play a role in lupus and in the immune system
- ways to change the immune system in people with lupus
- lupus in ethnic groups
- things in the environment that may cause lupus
- the role of hormones in lupus
- birth control pills and hormone therapy in women with lupus
- heart disease in people with lupus
- the causes of nervous system damage in people with lupus
- treatments for lupus

Clinical trials are medical research studies to see whether new treatments are safe and effective. These studies help doctors learn how people respond to medicines and other new or improved treatments. Patients and families can get information about these lupus trials at www.clinicaltrials.gov.

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For more information...

For more information on lupus, call the womenshealth.gov Call Center at 1-800-994-9662 or contact the following organizations:

National Heart, Lung, and Blood Institute

Phone number: (301) 592-8573

Internet address: www.nhlbi.nih.gov

National Institute of Arthritis and Musculoskeletal and Skin Diseases

Phone number: (877) 226-4267

Internet address: www.niams.nih.gov

National Institute of Neurological Disorders and Stroke

Phone number: (800) 352-9424

Internet address: www.ninds.nih.gov

National Kidney and Urologic Diseases Information Clearinghouse

Phone number: (800) 891-5390

Internet address: <http://kidney.niddk.nih.gov/>

National Library of Medicine's MedlinePlus

Internet address: www.nlm.nih.gov/medlineplus/lupus.html

Alliance for Lupus Research

Phone number(s): (212) 218-2840 or (800) 867-1743

Internet address: www.lupusresearch.org/

American Autoimmune Related Diseases Association

Phone number(s): (586) 776-3900 or

(800) 598-4668 Literature Requests

Internet address: www.aarda.org

American College of Rheumatology

Phone number: (404) 633-3777

Internet address: www.rheumatology.org

Arthritis Foundation

Phone number: (800) 283-7800

Internet address: www.arthritis.org

Lupus Foundation of America

Phone number: (800) 558-0121

Internet address: www.lupus.org

S.L.E. Lupus Foundation

Phone numbers: (212) 685-4118, (800) 745-8787

Internet address: www.lupusny.org

The information in this FAQ was derived primarily from materials produced by the Lupus Foundation of America and the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

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Content last updated May 13, 2008.

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30404

WASHINGTON COUNTY HUMAN DEVELOPMENT COUNCIL, INC.

EMPLOYEE NO.	EMPLOYEE NAME	SOCIAL SECURITY NO.	PAY PERIOD BEGINNING	CHECK DATE
1228	LATOSHA L. ANDERSON		4/6/08 - 4/19/08	4/21/08
ITEM	RATE	HOURS	TOTAL	ITEM
Regular	9.84	80.00	787.20	Gross
Overtime	14.76			Fed_Income
				Soc_Sec
				Medicare
				State
				PTAX HEALTH
				Life Ins
				THIS CHECK
				NET CHECK
				CHECK NO.
				30404
WEEKS WORKED	HOURS WORKED	GROSS THIS PAY PERIOD	GROSS YEAR TO DATE	NET CHECK
2	80.00	787.20	7215.18	\$496.80
				CHECK NO.
				30404
				YEAR TO DATE
				7,215.18
				-649.18
				-379.24
				-88.85
				-419.09
				-1,087.38
				-28.71

POST IN CONSPICUOUS PLACE - This Certificate of Registration is not transferable to another person, address, or location.



State of Maryland - Department of Education
Office of Child Care
CERTIFICATE OF REGISTRATION

Region: 12
County: FREDERICK
Registration Number: 152676
Registered Provider since:
05/19/2008

This certifies that **Latosha Anderson** is registered to operate a Family Day Care Home
at: **201 Hope Circle, Frederick, MD 21701**

The Office of Child Care issues this Certificate of Registration pursuant to Family Law Article, Sections 5-550 through 5-558, and COMAR 13A.14.01.

Current Status of Registrant:		Approved Ages of Children in Care:		Approved Hours of Operation:	
Issued on:	05/19/2008	Under 2 years old *	2	Days:	YES
Revised on:		2 years through 5 years old	YES	Evening:	YES
Expires on:	04/30/2010	5 years through 12 years old	YES	Overnight:	NO
Service:	Initial - Full	13 years through 20 years old	NO	Weekends:	NO

Maximum number of family day care children approved for care at one time: **7**

This Certificate of Registration is issued to the provider named above on condition that the provider agrees to comply with all applicable family day care laws and regulations. Failure to comply with applicable laws and regulations may result in an enforcement action against the Certificate of Registration, including but not limited to suspension or revocation of the Certificate or denial of a new Certificate. The provider must surrender this Certificate to the Office of Child Care upon suspension, revocation, voluntary closure, or denial of a new Certificate.

* No more than two children under the age of two, including the provider's own children, may be in care at any time unless approved in advance by OCC.

RESTRICTIONS/COMMENTS: Laundry room is restricted from child care children. The shed must be kept closed and locked during child care hours. All outdoor activities requires physical supervision by the provider. When using toilets and playgrounds, the provider is responsible for checking the area for hazardous items prior to use for child care.

Nancy S. Grasmick
State Superintendent of Schools
Maryland State Department of Education

Johns Hopkins University Division of Rheumatology Lupus Center 1830 East Monument Street, Suite 7500 Baltimore, MD 21287			Research Study Requisition Clinic: 103 History Number: 334 4990 Patient Name: Anderson, Latosina Birth Date: 9/28/1983	
Comments: Please bill to 10691				
MD Phone #	Ordering MD	MD #	Collection Date	Signature
410-382-0114	Michelle Petri	F7783		
<input checked="" type="checkbox"/>	Lupus Cohort Tubes at Exp. Testing	Two Blue Top (5ml) One Red Top (7ml)	Please refrigerate Please refrigerate	
<input type="checkbox"/>	Cohort Add-On (Sangeeta Study) Tubes w/ patient	Two SST Tube (4ml) 1 CPT Tube (8ml)	Please keep at room temperature; Please keep at room temperature;	
<input type="checkbox"/>	Lupus Cohort Rosen Study Tubes w/ patient	1 CPT Tube (8ml)	Please keep at room temperature	
<input type="checkbox"/>	PROMISSE Tubes w/ patient	One Lavender Top (5ml) One Blue Top (5ml) One Red Top (7ml) Four Paxgene tubes (2.5ml) One Heparin Tube (10ml) 1 Urine Sample (30ml)	Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate	
<input type="checkbox"/>	PROMISSE 2 Tubes w/ patient	One Lavender Top (5ml) One Blue Top (5ml) Two Red Top (7ml) Four Paxgene tubes (2.5ml) One Heparin Tube (10ml) 1 Urine Sample (30ml)	Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate Please refrigerate	
<input type="checkbox"/>	UAB Tubes at Exp. Testing	One Purple Top (10ml) Two Green Top (10ml)	Please refrigerate Please refrigerate	
<input type="checkbox"/>	TNF Alpha Tubes w/ patient	Six Green Top (10 ml)	Please refrigerate	
<input type="checkbox"/>	INF Alpha Tubes at Exp. Testing	Three Green Top (10ml)	Please refrigerate	
<input type="checkbox"/>	Brain CONECTION Tubes w/ patient	Five Blue Top (2.7ml) Two Red Top (10 ml)	Please refrigerate Please refrigerate	
<input type="checkbox"/>	Biomarkers Tubes at Exp. Testing Kit 2	Two SST Tubes (6 ml) One Green Top (10 ml) Two Paxgene tubes (2.5ml) One Lavender Top (5ml) 1 Urine Sample (30ml)	Please keep at room temperature; Invert 10 times Please keep at room temperature Please keep at room temperature Please keep at room temperature Please refrigerate	

710.0

<input type="checkbox"/> MD	<input type="checkbox"/> MP
<input type="checkbox"/> PLI	<input type="checkbox"/> HC
<input type="checkbox"/> F	<input type="checkbox"/> DC

MARYLAND UNIFORM CONSULTATION REFERRAL FORM

Date of Referral: 06/08/2006

PATIENT INFORMATION:

Patient Name: LATOSHA ANDERSON Name: MD Phys Care 7106 Ambassador Rd, Balto MD 21244
Date of Birth: 09/28/1983 Phone: _____
Member #: 41500690900
Site#: _____

CARRIER INFORMATION:

PRIMARY OR REQUESTING PROVIDER

Name: Le, Kim Anh, M.D.

Specialty: Family Practice

Institution/Group Name: Parkview Medical Group

Provider ID#: 52-0591612

Address: 1564 Opossumtown Pike Frederick, MD 21702

Phone Number: 301-663-3137

Fax Number: 301-663-1335

CONSULTANT/FACILITY PROVIDER

Name: DR ESCHE

Specialty: _____

Institution/Group Name: JOHN HOPKINS HOSP Provider ID#: _____

Address: _____

Phone Number: _____ Fax Number: 410-955-0123

REFERRAL INFORMATION

Reason for Referral: CONSULT EVAL AND TREAT (PER DR BHARGAVA SENDING PT)

Brief History, Diagnosis and Test Results: LUPUS EVAL

Services Desired:

- ☐ Initial Consultation Only
☐ Diagnostic Test: (specify) _____
☒ Consultation with Specific Procedures: (specify) _____
☒ Specific Treatment: _____
☐ Global OB Care & Delivery
☐ Other: (Explain) _____

Place Of Service:

- ☒ Office
☐ Outpatient Med/Surg Center*
☐ Radiology ☐ Laboratory
☐ Inpatient Hospital*
☐ Extended Care Facility*
☐ Other: (Explain) _____
*(Specific Facility Must be Named)

Number of visits: 3 Authorization # if required: _____ Referral is Valid Until: (Date) 08/07/2006

If Blank, 1 Visit Is Assumed.

Signature: (Individual Completing This Form)

Authorizing Signature: (If Required)

SHIRLEY

[Signature]

Referral certification is not a guarantee of payment. Payment of benefits is subject to a member's eligibility on the date that the service is rendered and to any other contractual provisions of the plan/carrier.

See Carrier/Plan Manual for Specific Instructions.

☐ Carrier Copy

☐ Primary Provider Copy

☐ Consultant/Facility Provider Copy

☐ Patient Copy

1564 Opossumtown Pike
Frederick, MD 21702
Phone: (301) 663-3137
Toll-Free (877) 799-7005
Fax: (301) 663-6939

Parkview Medical Group

FAX COVER SHEET

To: Dr. Esche From: SHIRLEY MCNAMEE-REFERRAL DEPT
Fax: VH H - Dent Date: 6.8.06
Phone: 410-955-0123 Pages: 2
Re: Cotisha Anderson CC: DIRECT FAX- 301-663-1335
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

•Comments:

CONFIDENTIALITY NOTICE

Medical records have been disclosed in accordance with Subtitle 3 of Title 4 of the Annotated Code of Maryland. Further disclosure of the medical record and the information contained therein is hereby prohibited as provided by §4-303(b)(5)(i).

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0/00

ORTHOPAEDIC ASSOCIATES OF FREDERICK

184 Thomas Johnson, Dr., Suite 104 • Frederick, Maryland 21702
(301) 694-8311 • Fax (301) 694-3537

RHEUMATOLOGY

TAX ID# 52-1135399

G4

Practice Form Number 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

Provider 01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

1 - Frank G. Nisenfeld, M.D.
2 - Mark D. Chilton, M.D.
12 - Jeffrey T. Gledorf, M.D.
28 - Zinon M. Pappas, M.D.
16 - Neeti Bhargava, M.D.

41 - James M. Steinberg, D.O.
33 - Kristin S. Nesbitt, M.D.
55 - Christopher D. Berman, M.D.
30 - Douglas F. Spingola, PA-C

POS	CPT	DESCRIPTION	POS	CPT	DESCRIPTION	PROCEDURE NOT LISTED
1	2	99201	1	2	99201	
1	3	99202	1	3	99202	
1	4	99203	1	4	99203	
1	5	99204	1	5	99204	
1	6	99205	1	6	99205	
1	7	99206	1	7	99206	
1	8	99207	1	8	99207	
1	9	99208	1	9	99208	
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1	94	99293	1	94	99293	
1	95	99294	1	95	99294	
1	96	99295	1	96	99295	
1	97	99296	1	97	99296	
1	98	99297	1	98	99297	
1	99	99298	1	99	99298	
1	00	99299	1	00	99299	

Manual Entry Required

F/U with Sub

AFTERCARE / DIAGNOSIS	
710.0	SYSTEMIC LUPUS 5/02/06
710.3	DERMATOMYOSITIS 5/02/06
695.2	ERYTHEMA NODOSUS 5/01/06
710.8	OTHER SPECIFIED 5/18/06
714.9	UNSPECIFIED INF 4/03/06
795.79	OTHER AND UNSPE 4/03/06
729.1	UNSPECIFIED MYA 4/11/06
359.9	UNSPECIFIED MYO 4/03/06

Ticket Number	AMOUNT PAID
01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00	01 02 03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

DATE	TIME	PATIENT	REASON	PAT INS	PRIOR BALANCE
06/15/06	3.15	LATOSHA L ANDERSON	MPC, FU, LUPUS, CLR		0.00
TICKET NO.	DR.#	DOCTOR	LOCATION	DOB	TODAY'S CHARGE
242576	16	BHARGAVA MD	ORTHO ASSOC OF FREDE	09/28/83	
PATIENT NO.	RESPONSIBLE PARTY	PHONE	REFERRING DR.		TODAY'S PAYMENT
84228	LATOSHA L ANDERSON	846 9030	LE MD		
SEX	ADDRESS	CITY/STATE	ZIP		NEW BALANCE
M	1368 DAVID LANE	FREDERICK MD	21703		
OVER 60	OVER 60	OVER 30	CURRENT	TOTAL DUE	P.T.
0.00	0.00	0.00	259.00	259.00	30
INSURANCE COMPANY	BA	SCT	POLICY IDENTIFICATION	RELATIONSHIP TO INSURED	PAYMENT CHOICE
MARYLAND PHYSICIANS CARE	MY	I	41500690900	SELF	
SSN #	579 08 0041				

Quest Diagnostics

000-000-0000



Quest
Diagnostics

1901 Sulphur Spring Road • Baltimore, Maryland 21227-0580
Main Laboratory 410-247-9100 • D.C. Area 301-621-6900
Outside Maryland 1-800-LAB-XCEL

SPECIMEN COLLECTED: 07/21/2006

JH OUTPATIENT DERMATOLOGY (R-302257) ANDERSON, LATOSHA
OUTPATIENT CENTER 6TH FLR (D2, F-M)
601 N CAROLINE ST
BALTIMORE, MD 21287

PATIENT PHONE#: Not provided
PATIENT DOB: 09/29/1983

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER	LAB REPORT
ANDERSON, LATOSHA	07/22/06	22Y	F	BA6101767	

DERMATOPATHOLOGY REPORT

PATHOLOGICAL DIAGNOSIS:

SKIN, LEFT LOWER ARM: PERIVASCULAR AND INTERFACE DERMATITIS WITH
INCREASED STROMAL MUCIN (SEE MICROSCOPIC AND COMMENT).

JMG:/ls16/djg4

MICROSCOPIC EXAMINATION: The specimen consists of a punch biopsy of pigmented skin and subcutaneous tissue. Hyperkeratosis, foci of basilar vacuolar damage, scattered melanophages in the papillary dermis, and perivascular and mildly interstitial, mostly lymphoid inflammation in the upper half of the dermis markedly are evident. Additionally, there is increased stromal mucin throughout the entire thickness of the dermis and in the subcutis, which is highlighted with a colloidal iron stain. In the subcutaneous tissue, there is hyalinization of adipose tissue, with a few histiocytes and lymphocytes. A PAS stain highlights a focally disrupted basement membrane, without thickening of the basement membrane. Fungi are not identified.

<<ANDERSON, LATOSHA BA6101767 CONTINUED to page 2>>

DATE REPORTED

Quest Diagnostics

000-000-0000

Wed Jul 26 12:24:52 2006 Page 3 of 4

Quest
Diagnostics1901 Sulphur Spring Road • Baltimore, Maryland 21227-0580
Main Laboratory 410-247-9100 • D.C. Area 301-621-6900
Outside Maryland 1-800-LAB-XCEL

SPECIMEN COLLECTED: 07/21/2006

JH OUTPATIENT DERMATOLOGY (R-302257) ANDERSON, LATOSHA
OUTPATIENT CENTER 6TH FLR (D2, F-M)
601 N CAROLINE ST
BALTIMORE, MD 21287PATIENT PHONE#: Not provided
PATIENT DOB: 09/28/1983

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER	LAB REPORT
ANDERSON, LATOSHA	07/22/06	22Y	F	BA6101767	

COMMENT: The focal interface change and the marked increased stromal mucin suggest connective tissue disease, for which lupus erythematosus is a consideration. Correlation with the clinical and laboratory findings and, as indicated, direct immunofluorescence studies, may be helpful in the further evaluation of this process.

SOURCE OF SPECIMEN: Left lower arm.

CLINICAL HISTORY: Subcutaneous erythematous tender nodules.

ORDERING PHYSICIAN'S CLINICAL IMPRESSION: Erythema nodosum.

GROSS EXAMINATION:

The specimen is received in formalin and the container is labeled with the patient's name and "Left lower arm". It consists of a cylindrical segment of skin measuring 0.2 x 0.2 x 0.3 cm. The specimen is not sectioned and submitted in its entirety in one cassette.

<<ANDERSON, LATOSHA BA6101767 CONTINUED to page 3>>

DATE REPORTED

Wed Jul 26 12:24:52 2006 Page 4 of 4



Quest Diagnostics

1901 Sulphur Spring Road • Baltimore, Maryland 21227-0580
Main Laboratory 410-247-9100 • D.C. Area 301-621-6900
Outside Maryland 1-800-LAB-XCEL

SPECIMEN COLLECTED: 07/21/2006

JH OUTPATIENT DERMATOLOGY (R-302257) ANDERSON, LATOSHA
OUTPATIENT CENTER 6TH FLR (D2, F-M)
601 N CAROLINE ST
BALTIMORE, MD 21287

PATIENT PHONE#: Not provided
PATIENT DOB: 09/28/1983

PATIENT NAME	DATE	AGE	SEX	LAB NUMBER	LAB REPORT
ANDERSON, LATOSHA	07/22/06	22Y F	BA6101767		

Test performed at Quest Diagnostics, Incorporated, 15235 Shady Grove
Road, Rockville, MD 20850.

YM: /mab/1s16/d1g4

<<END OF REPORT - ANDERSON, LATOSHA BA6101767 - TOTAL 3 PAGE(S)>>

ELECTRONICALLY SIGNED BY J. MICHAEL GAGNIER, M.D.
Board Certified: Board Certified in Dermatopathology

07/26/2006

DATE REPORTED

Claimant's Name LATOSHA LASHAWN ANDERSONExaminer's Name MARCIO DOS SANTOS

Case #: 0375711

Disability Determination ServicesPersonal Pain Questionnaire

The answers to these questions will help us determine whether your condition is disabling within the meaning of the Social Security Regulations. Please fully explain your answers by giving descriptions and examples. If you have more than one type of pain, discuss each separately. If you need more room for your answers, you may use the 'REMARKS' section on Page 3 of the questionnaire.

- Where is the pain located? Does it stay in one location or radiate (move) to other areas of your body?
my pain radiates from different joints and muscles - fingers, wrists, ankles, knees, neck, back, legs - pain of joints happens all at once or different times
- Describe the kind of pain (for example, burning, dull, aching, sticking, etc.) and how severe it is.
burning - eye rash swelling of joints - severe aching - muscles = very severe stiffness of joints goes from little pain to severe
- What activity or circumstance causes the pain?
Daily activities cause pain - walking, writing, standing, lifting, weather, laying, up + down steps, driving, doing these activities too
- What makes your pain worse? (lifting, standing, cold weather, etc.)
all of these above and driving or walking to long / sunlight burns my face causing eye irritation
- Is your pain worse in the morning, afternoon or evening?
morning and evening - body is really stiff
- How long does the pain last?
On and off through the day sometimes hours or minutes
- How often do you experience pain? Is it constant or does it occur only with certain activities?
Constant, but more extreme when doing certain activities for long period of time - walking

DDS-34PQ (3/05) Page 1 of 2

LATOSHA LASHAWN ANDERSON

0375711/MARCIO DOS SANTOS

DMA Case: Y



L00000OWAZ000 D - 200704195000

standing, driving, lifting,
sitting or laying to long

medication helps relieve some pain, discomfort still a lot of swelling and inflammation.

8. Has your pain changed over the last 12 months? If so, how? *my pain has changed based on the fact that it comes and goes (somedays are better others worst)*

9. Please list your pain medication(s) and dosages(s). How effective are they in relieving your pain? Describe any side-effects you have from each medication.
- | Medication | Dosage | Effectiveness | Side-Effects |
|-----------------------|--------|---------------|--------------|
| (All on Remarks page) | | | |

(List additional medications in the "REMARKS" section below)

10. Describe any other treatments that you use to relieve your pain. (hot baths, therapy, exercise, etc.) How well do they work? How often do you use them?

hot baths, stretching, ice packs, resting

11. Are you involved in rehabilitation, a work-hardening program or treatment at a pain clinic? If so, where? Include name, address and telephone number. *Sometimes they work and sometimes not pain stays*

Right now my rehabilitation is my medications and daily visits with my Rheumatologist and John Hopkin doctors for observation and evaluation

12. Describe how your pain limits your activities. Give examples.

When walking I can't walk or stand for long periods of time / ARTHRITIS pain comes when writing (finger+wrst) also driving

13. Describe the activities that you have had to restrict or stop because of pain.

Restrictions - on driving, running, walking playing and lifting my 2 year old, being out in different weather (cold, rain, sun)

14. If your ability to think and concentrate has been affected by the pain, give examples of this.

Pain makes it hard to concentrate because my mind is focused on the pain

REMARKS: *and discomfort and trying to make the pain go away*

Latosher An
(Claimant's Signature)

4/25/07
(Date)

Timela Burrows
(Signature of person who completed this form - if other than claimant)

4/25/07
(Date)

(sister helped fill out forms (writing))

Some options that Darnell is considering for his future

• Construction & Building Trades

With an estimated 3,000 new construction-related jobs in Frederick County through 2012, now is the time to pursue training for a career in construction.

Through a grant from U.S. Dept. of Labor, Frederick Community College is offering free tuition to students whose goal is to work in the construction industry. The grant will pay for students' tuition and fees over the next three years. Students will be required to pay for any required books.

The non-credit Construction & Building Trades program offers students, most likely those already in a construction & building trade, the opportunity to expand their knowledge in a chosen field by achieving a Certificate. Students who wish to pursue advanced certification (Letter of Recognition or Building Trades Certificate) or an A.A.S. degree should check out FCC's credit Construction Management courses.

The Certificate in either HVAC, Plumbing, Masonry, Electrical, Welding or Carpentry is achieved after a student successfully completes four classes:

HVAC Certificate (non-credit)

Sub/Cat#	Course Title or General Discipline (if specific course is not applicable)
HVC 111	HVAC I: Basic Electricity and Controls for HVACR
HVC 112	HVAC II: Introduction to HVAC
HVC 113	HVAC III: Residential Systems - Air Conditioning and Heat Pumps
HVC 114	HVAC IV: Residential Systems - Heating Systems

Plumbing Certificate (non-credit)

Sub/Cat#	Course Title or General Discipline (if specific course is not applicable)
PLB 151	Plumbing I
PLB 152	Plumbing II
PLB 153	Plumbing III

PLB 154	Plumbing IV
--------------------	--------------------

Masonry Certificate (non-credit)

Sub/C at#	Course Title or General Discipline (if specific course is not applicable)
MAS 151	Masonry I
MAS 162	Masonry II
MAS 163	Masonry III
MAS 164	Masonry IV

Electrical Certificate (non-credit)

Sub/C at#	Course Title or General Discipline (if specific course is not applicable)
ELC 141	Electrical I
ELC 142	Electrical II
ELC 143	Electrical III
ELC 144	Electrical IV

Welding Certificate (non-credit)

Sub/C at#	Course Title or General Discipline (if specific course is not applicable)
WLD 111	Welding I
WLD 112	Welding II
WLD 113	Welding III
WLD 114	Welding IV

Carpentry Certificate (non-credit)

Sub/C at#	Course Title or General Discipline (if specific course is not applicable)
--------------	---

CAR 131	Carpentry I
CAR 132	Carpentry II
CAR 133	Carpentry III
CAR 134	Carpentry IV

The College prohibits discrimination against any person on the basis of race, religion, gender, color, national origin, ancestry, age, sexual orientation, marital status, physical or mental disability of otherwise qualified individuals and any other category protected by federal, state or local law. Frederick Community College subscribes to full access to all college facilities as outlined in the Americans with Disabilities Act of 1990 and as amended. The designated coordinator for the college's compliance with Section 504 of the Rehabilitation Act of 1973 and for the Americans with Disabilities Act is Kate Kramer-Jefferson, 301.846.2409 (TDD: 301.846.2625).

This Project was funded in part by a grant awarded under the President's High Growth Job Training Initiative, as implemented by the U.S. department of Labor's Employment and Training Administration

medications

	Dosage
Atenolol	25 mg (2x a day)
Prednisone	15 mg (3 tabs a day)
Folic Acid	2 mg (2x a day)
Methotrexate	2.5 mg (8 tabs weekly)
Hydroxychloroquine	200 mg (2x a day)
Caltrate (calcium pills)	2 tablets a day
(600 D)	

For severe pain I use -

Tylenol Arthritis 650 mg (2x a day)
or as needed

Well Patches - Arthritis pain

Relieving pads - (as needed)
last 8 hrs

Baby Aspirin - over counter

EXHIBIT 3

PARKVIEW MEDICAL
KIMMEL T. L. M.D.

DEA # BL 4289927 LIC. #

LYNN C. MAYO, C.R.N.P.

DEA # MM 0218152 LIC. #

1501 GROSSENTOWN PIKE
FREDERICK, MD 21702

(301) 863-3137

NAME

Latosha Anderson

AGE

ADDRESS

DATE

7/24/08

TX ILLEGAL IF NOT SAFETY BLUE BACKGROUND

B

To whom it may concern
Ms. Anderson has history of
arthritis and received radiation
X 2. She is also has
rheumatoid arthritis.

Refill

times

(Signature)

To prohibit drug product selection, the prescriber must handwrite
"TO BE DISPENSED ONLY AS DIRECTED"

BBFP5078303



Public Health
Prevent. Promote. Protect.

Frederick County Health Department

Barbara A. Brookmyer, M.D., M.P.H. • Health Officer

WIC Program
350 Montevue Lane
Frederick, Maryland 21702
301-600-2507

Date July 17, 2008

Dear Latosha Anderson

At your last WIC appointment, you were identified to be at nutritional risk due to:

Lupus

I am sending you some information that might help. Included are the following handouts:

- 1) Patient information - Nutrition and Lupus
- 2) Foundation for Healthy Start and pregnancy

If you would like to meet with me after you have looked over the information or if you have any questions, please call the WIC office at 301-600-2507 and state that you would like to set up a nutrition appointment with Marylou Stone RD, LDN.

Sincerely,

Marylou Stone MS, RD, LDN
Frederick County Health Department Dietician



Jacqueline Dougé, M.D., M.P.H. • Deputy Health Officer

Department of Health Education and Promotion • 350 Montevue Lane • Frederick, MD 21702

Phone: 301-600-1029 • Fax: 301-600-3111 • MD TTY: 1-800-735-2258



MARYLAND STATE DEPARTMENT OF EDUCATION
Office of Child Care

MEDICAL REPORT FOR FAMILY CHILD CARE

Name of Applicant/Provider: LaTosha L. Anderson

Name of Person being evaluated: LaTosha Anderson

Date of Birth: 09/28/83

Address: 201 Hope Circle Frederick

Phone: (301) 468-6000
(240) 315-2091

Dear Health Practitioner: md, 21701

The person to be evaluated either provides (or plans to provide) family child care or lives in a home where family child care is (or will be) given.

- (1) Should the person be restricted from contact with children in care due to having any of the following:

- a) Communicable Disease?
- b) Chronic Medical Condition or Physical Impairment?
- c) Vision/Hearing/Speech Disorder?
- d) Nervous or Emotional Disorder?

YES ☒ NO ☒

YES ☒ NO ☒

YES ☒ NO ☒

YES ☒ NO ☒

- (2) Does the person have a history of drug or alcohol abuse?

YES ☐ NO ☒

- (3) If the person is under 6 years old, is he/she missing any immunizations?

YES ☐ NO ☒ N/A ☒

NOTE: If the answer to any question above is YES, please explain. Indicate the possible impact of the person's condition on children in care:

Person has hypertension which is stable

Persons who provide child care services must be able to participate fully in a program for active youngsters. This includes lifting infants and young children, getting up and down from the floor, lively outdoor activities, and moving furniture. It may also include transporting children in a motor vehicle.

Answer the following questions only if the person being evaluated provides (or plans to provide) family child care:

- Is there any medical limitation on the person's ability to perform care-related activities such as the ones noted above?

YES ☐ NO ☒

If YES, please explain:

- To your knowledge, is the person taking any medication that may impair his/her ability to provide care for children?

YES ☐ NO ☒

TB TEST	TYPE OF TEST	RESULTS	DATE
(If needed or required by local Health Officer)	<u>PPD</u>	<u>0mm</u>	<u>02-28-08</u>

I evaluated the above-named person within the previous 12 months and have based the above information on that evaluation.

Signature of Physician/CNP, RPA

Date

2/25/08

Phone Number

(301) 663-3137

STAMP, PRINT, or TYPE name of Physician, Certified Nurse Practitioner, Registered Physician's Assistant

KIMANH LE, M.D.
Parkview Medical Group
1584 Opossumtown Pike
Frederick, MD 21702
301-863-3137
NPI#1902877020